

OMB No. 1545-0008

a Control number 001	1 Wages, tips, other compensation 10039.66	2 Federal income tax withheld 5000.00
	3 Social security wages 0.00	4 Social security tax withheld 0.00
	5 Medicare wages and tips 4808.07	6 Medicare tax withheld 82.37

c Employer's name, address, and ZIP code

MOUNT AUBURN PROFESSIONAL SERVICES
330 MOUNT AUBURN STREET
CAMBRIDGE, MA. 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1
b Employer's identification number 04-3026897	d Employee's social security number 024-28-8555	
13 See Instrs. for Box 13	14 Other	
SICK PAY (J) 64883.18		

e Employee's name, address, and ZIP code

ANTHONY SCAPICCHIO
240 NAHANT ROAD
NAHANT, MA. 01908

15 Statutory employee	Deceased	Pension plan	Legal rep.	Hshld. emp.	Subtotal	Deferred compensation
1995					17 State wages, tips, etc. 10039.66	
Form W-2 Statement Copy for EMPLOYEE'S State, City, or Local Income Tax Return					18 Locality name	
					19 Local income tax 0.00	

Department of the Treasury—Internal Revenue Service

OMB No. 1545-0008

a Control number	1 Wages, tips, other compensation 74246.24	2 Federal income tax withheld 3600.00
	3 Social security wages 61200.00	4 Social security tax withheld 3794.40
	5 Medicare wages and tips 74246.24	6 Medicare tax withheld 1076.57

c Employer's name, address, and ZIP code

MOUNT AUBURN PROFESSIONAL SERVICE
330 MOUNT AUBURN STREET
CAMBRIDGE, MASS 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1
b Employer's identification number 043026897	d Employee's social security number 024-28-8555	
13 See Instrs. for Box 13	14 Other	

C 1453.92

e Employee's name, address, and ZIP code

ANTHONY P SCAPICCHIO
240 NAHANT ROAD
NAHANT, MA
01908

15 Statutory employee	Deceased	Pension plan	Legal rep.	Hshld. emp.	Subtotal	Deferred compensation
1995		X			17 State wages, tips, etc. 74246.24	
Form W-2 Statement Copy for EMPLOYEE'S State, City, or Local Income Tax Return					18 Locality name 4232.58	
					19 Local income tax 0.00	

Department of the Treasury—Internal Revenue Service

b Employer's identification number 04-3026897		1 Wages, tips, other compensation 12182.00	2 Federal income tax withheld 3000.00					
c Employer's name, address, and ZIP code MOUNT AUBURN PROFESSIONAL SVCS. 330 MOUNT AUBURN STREET CAMBRIDGE MA 02238		3 Social security wages 0.00	4 Social security tax withheld 0.00					
		5 Medicare wages and tips 0.00	6 Medicare tax withheld 0.00					
		7 Social security tips 0.00	8 Allocated tips 0.00					
d Employee's social security number 024-28-8555		9 Advance EIC payment	10 Dependent care benefits					
e Employee's name, address, and ZIP code ANTHONY SCAPICCHIO 240 NANANT ROAD NANANT MA 01908		11 Nonqualified plans	12 Benefits included in box 1					
		13 See Instrs. for box 13 SICK PAY (J) 78728.46	14 Other					
		15 Statutory employee <input type="checkbox"/>	Deceased <input type="checkbox"/>	Pension plan <input type="checkbox"/>	Legal rep. <input type="checkbox"/>	Hshld emp. <input type="checkbox"/>	Subtotal 12182.00	Deferred compensation <input type="checkbox"/>
16 State Employer's state I.D. No.	17 State wages, tips, etc. 12182.00	18 State income tax 0.00	19 Locality name	20 Local wages, tips, etc. 12182.00	21 Local income tax 0.00			

Copy C For EMPLOYEE'S RECORDS (See Notice on back.)

Department of the Treasury-Internal Revenue Service

Form **W-2** Wage and Tax Statement **1996**

a Control number 00	OMB No. 1545-0008	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.						
b Employer's identification number 04-3026897		1 Wages, tips, other compensation 3780.91	2 Federal income tax withheld 3000.00					
c Employer's name, address, and ZIP code MOUNT AUBURN PROFESSIONAL SVCS. 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02238		3 Social security wages 0.00	4 Social security tax withheld 0.00					
		5 Medicare wages and tips 0.00	6 Medicare tax withheld 0.00					
		7 Social security tips 0.00	8 Allocated tips 0.00					
d Employee's social security number 024-28-8555		9 Advance EIC payment	10 Dependent care benefits					
e Employee's name, address, and ZIP code ANTHONY SCAPICCHIO 240 NANANT ROAD NANANT, MA 01908		11 Nonqualified plans	12 Benefits included in box 1					
		13 See Instrs. for box 13 J 24434.81	14 Other SICK PAY					
16 State Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax			

Copy C For EMPLOYEE'S RECORDS (See Notice on back.)

Department of the Treasury-Internal Revenue Service

Form **W-2** Wage and Tax Statement **1996**

Copy C For EMPLOYEE'S RECORDS (See Notice)			1997	OMB No. 1545-0008			
3 Control number 7827	1 Wages, tips, other comp. 4327.03	2 Federal income tax withheld 3433.33					
	3 Social security wages	4 Social security tax withheld					
Employer's ID no. 043026897	5 Medicare wages and tips	6 Medicare tax withheld					
Employer's name, address, and ZIP code Mount Auburn Professional Services 330. Mount Auburn Street Cambridge, MA. 02238							
Employee's social security number 024-28-8555							
Employee's name, address, and ZIP code Anthony Scapicchio 240 Nahant Street Nahant, MA. 01908							
7 Social security tips		8 Allocated tips	9 Advance EIC payment				
10 Dependent care benefits		11 Nonqualified plans	12 Benefits included in Box 1				
13 See Instrs. for Box 13 J 27964.29			14 Other Sick Pay				
5	Statutory employee	Deceased	Pension plan	Legal rep.	Hshld. emp.	Subtotal	Deferred compensation
MA						4327.03	
6 State Empl'r's state I.D. #		17 State wages, tips, etc.			18 State income tax		
9 Locality name		20 Local wages, tips, etc.			21 Local income tax		
					4327.03		

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)			1998	OMB M 1545-0
a Control number	1 Wages, tips, other comp. 26,130.43	2 Federal income tax withheld 20,566.67		
b Employer ID number	3 Social security wages	4 Social security tax withheld		
04-3026897	5 Medicare wages and tips	6 Medicare tax withheld		
c Employer's name, address, and ZIP code	MOUNT AUBURN PROFESSIONAL SERVICES 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02238			
d Employee's social security number	024-28-8555			
e Employee's name, address, and ZIP code	ANTHONY SCAPICCHIO 240 NAHANT ROAD NAHANT, MA 01908			
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in box		
13 See instrs. for box 13	14 Other			
J 168,872.93	SICK PAY			
15 Statutory employee	Deceased	Pension plan	Legal rep.	Deferred comp.
MA	04-3026897	26,130.43		
16 State Employer's state I.D. #	17 State wages, tips, etc.			18 State income tax
19 Locality name	20 Local wages, tips, etc.			21 Local income tax

a Control number 177743	Copy C FOR EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.) This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		
c Employer's name, address, and ZIP code MOUNT AUBURN HOSPITAL 330 MT AUBURN STREET SUB 0000 LOC 00000000 CAMBRIDGE, MA 02138		b Employer identification number 04-3026897	1 Wages, tips, other compensation 14626.02
		d Employee's social security number 024-28-8555	2 Federal income tax withheld 7500.00
		e Employee's name, address, and ZIP code ANTHONY SCAPICCHIO 240 NAHANT ROAD NAHANT, MA 01908	3 Social security wages
			4 Social security tax withheld
		5 Medicare wages and tips	6 Medicare tax withheld
		7 Social security tips	8 Allocated tips
		10 Dependent care benefits	13 See instrs. for box 13 J 94523.34
		11 Nonqualified plans	14 Other SICK PAY
		12 Benefits included in box 1	
		15	
			<input type="checkbox"/> Statutory employee <input type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep <input type="checkbox"/> Deferred compensation
16 State MA	Employer's state I.D. no.	17 State wages, tips, etc. 14626.02	18 State income tax
			19 Locality name
			20 Local wages, tips, etc. 14626.02
			21 Local income tax

Form W-2 Wage and Tax Statement

1999

OMB No. 1545-0008

Department of the Treasury: Internal Revenue

OMB No. 1545-0008

a Control number	1 Wages, tips, other compensation 15064.80	2 Federal income tax withheld 0.00
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		
	3 Social security wages 0.00	4 Social security tax withheld 0.00
	5 Medicare wages and tips 0.00	6 Medicare tax withheld 0.00

Department of the Treasury—Internal Revenue Service

c Employer's name, address, and ZIP code
MOUNT AUBURN PROFESSIONAL SERVICE
330 MOUNT AUBURN STREET
CAMBRIDGE, MASS 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12 Benefits included in Box 1
b Employer's identification number 043026897		d Employee's social security number 024-28-8555
13 See Instrs. for Box 13 C 0.00 G 97359.06		14 Other

e Employee's name, address, and ZIP code
ANTHONY P SCAPICCHIO
240 NAHANT ROAD
NAHANT MA 01908

15 Statutory employee	Deceased	Pension plan <input checked="" type="checkbox"/>	Legal rep.	Deferred compensation
Form W-2	16 State MA	Employer's state I.D. No. 043026897	17 State wages, tips, etc. 15064.80	
Wage and Tax Statement 2000		18 State income tax 0.00	19 Locality name	20 Local wages, tips, etc.
			21 Local income tax	

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

OMB No. 1545-0008		Department of the Treasury—Internal Revenue Service	
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		1 Wages, tips, other compensation	2 Federal income tax withheld
		15516.72	1200.00
		3 Social security wages	4 Social security tax withheld
		5 Medicare wages and tips	6 Medicare tax withheld

c Employer's name, address, and ZIP code

MOUNT AUBURN PROFESSIONAL SERVICE
330 MOUNT AUBURN STREET
CAMBRIDGE, MASS 02238

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12 15516.72
12b	12c	12d
b Employer identification number 043026897		d Employee's social security number 024-28-8555
13 Statutory employee	Retirement plan	Third-party sick pay
		X
14 Other		

e Employee's name, address, and ZIP code

ANTHONY P SCAPICCHIO
240 NAHANT ROAD
NAHANT MA 01908

Form W-2	15 State MA	Employer's state ID number 043026897	16 State wages, tips, etc. 15516.72
age and Tax Statement		17 State income tax 0.00	18 Local wages, tips, etc.
2001		19 Local income tax	20 Locality name
Copy C For EMPLOYEE'S RECORDS. See Notice to Employee on back of Copy B.			

Instructions (Also see Notice to Employee on back of Copy B)

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the Federal income tax withheld line of your tax return.

Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

Box 9. Enter this amount on the advance earned income credit payments line of your Form 1040 or 1040A.

Box 10. This amount is the total dependent care benefits your employer paid to you or incurred on your behalf (including amounts from a section 125 cafeteria plan) and over \$5,000 also is included in box 1. You must complete Schedule 2 (Form 1040A) or Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or section 457 plan or (b) included in box 3 and/or 5 if it is a prior year deferral that is includable in a section 457 plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferral amount.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return.

Note: If a year follows code D, E, F, G, H, or S, you made a catch-up pension contribution for a prior year when you were not employed. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips (include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.)

B—Uncollected Medicare tax on tips (include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.)

C—Cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5).

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) tax-exempt organization plan (see "Adjusted Gross Income" in the Form 1040 instructions for how to deduct)

J—Nontaxable sick pay (not included in boxes 1, 3, or 5)

K—20% excise tax on excess golden parachute payments (see "Total Tax" in the Form 1040 instructions)

L—Substantiated employee business expense reimbursement (nontaxable)

M—Uncollected social security or RRTA tax on cost of group-term life insurance over \$50,000 (former employees only) (see "Total Tax" in the Form 1040 instructions)

P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5)

Q—Military employee basic housing, subsistence, and combat zone compensation (use this amount if you qualify for EIC)

R—Employee contributions to your medical savings account (MSA) (see Form 8853, Medical Savings Accounts and Long-Term Care Insurance instructions)

S—Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)

T—Adoption benefits (not included in box 1). You must complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5)

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. Also, the elective deferrals in box 12 (codes D, E, F, G, H, and S) (for employees), and for all such plans to which you belong, are generally limited to \$10,500. Elective deferrals for section 403(b) contracts are limited to \$10,500 (\$13,500 in some cases; see Pub. 571). The limit for section 457(b) plans is \$8,500. Amounts over these limits must be included in your Social Security, Salaries, Tips, etc., in the Form 1040 instructions.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security number, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Review the information shown on your annual (for workers over 25) Social Security Statement.

OMB No. 1345-0008 16-0331690 Department of the Treasury—Internal Revenue Service

1 Control number	1 Wages, tips, other compensation 15977.38	2 Federal income tax withheld 1160.00
3 Social security wages 0.00	4 Social security tax withheld 0.00	
5 Medicare wages and tips 0.00	6 Medicare tax withheld 0.00	

c Employer's name, address, and ZIP code

Mount Auburn Professional Service
330 Mount Auburn Street
Cambridge, MA. 02238

OMB No. 1345-0008 16-0331690 Department of the Treasury—Internal Revenue Service

1 Control number	1 Wages, tips, other compensation 15977.38	2 Federal income tax withheld 1160.00
3 Social security wages 0.00	4 Social security tax withheld 0.00	
5 Medicare wages and tips 0.00	6 Medicare tax withheld 0.00	

c Employer's name, address, and ZIP code

7 Social security tips 0	8 Allocated tips 0	9 Advance EIC payment 0
10 Dependent care benefits 0	11 Nonqualified plans 0	12a See instructions for box 12 J 103256.72
12b 0	12c 0	12d 0
b Employer identification number 043026897		d Employee's social security number 024-28-8555
13 Statutory employee plan	Retirement plan	14 Other
<input checked="" type="checkbox"/>		

e Employee's name, address, and ZIP code

Anthony P. Scapicchio
780 Boylston Street APT 6H
Boston, MA. 02199

7 Social security tips 0	8 Allocated tips 0	9 Advance EIC payment 0
10 Dependent care benefits 0	11 Nonqualified plans 0	12a See instructions for box 12 J 103256.72
12b 0	12c 0	12d 0
b Employer identification number 043026897		d Employee's social security number 024-28-8555
13 Statutory employee plan	Retirement plan	14 Other
<input checked="" type="checkbox"/>		

• Employee's name, address, and ZIP code

Anthony P. Scapicchio
780 Boylston Street APT 6H
Boston, MA. 02199

Form W-2	15 State Employer's state ID number MA 043206897	16 State wages, tips, etc. 15977.38
Wage and Tax Statement 2002	17 State income tax 0.00	18 Local wages, tips, etc. 0
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.	19 Local income tax 0	20 Locality name 0

Form W-2	15 State Employer's state ID number MA 043026897	16 State wages, tips, etc. 15977.38
Wage and Tax Statement 2002	17 State income tax 0.00	18 Local wages, tips, etc. 0
Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.	19 Local income tax 0	20 Locality name 0

Copy 2 To Be Filed With
Employee's State, City, or Local Income Tax Return. (Rev. February 2002)

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taken into account and you fail to report it.

3 Control number 15977.38	4 Federal income tax withheld 1160.00
3 Social security wages 0.00	4 Social security tax withheld 0.00
5 Medicare wages and tips 0.00	6 Medicare tax withheld 0.00

e Employee's name, address, and ZIP code

• Employee's name, address, and ZIP code

Mount Auburn Professional Service
330 Mount Auburn Street
Cambridge, MA. 02238

7 Social security tips 0	8 Allocated tips 0	9 Advance EIC payment 0
10 Dependent care benefits 0	11 Nonqualified plans 0	12a See instructions for box 12 J 103256.72
12b 0	12c 0	12d 0
b Employer identification number 043026897		d Employee's social security number 024-28-8555
13 Statutory employee plan	Retirement plan	14 Other
<input checked="" type="checkbox"/>		

7 Social security tips 0	8 Allocated tips 0	9 Advance EIC payment 0
10 Dependent care benefits 0	11 Nonqualified plans 0	12a See instructions for box 12 J 103256.72
12b 0	12c 0	12d 0
b Employer identification number 043026897		d Employee's social security number 024-28-8555
13 Statutory employee plan	Retirement plan	14 Other
<input checked="" type="checkbox"/>		

• Employee's name, address, and ZIP code

Anthony P. Scapicchio
780 Boylston Street APT 6H
Boston, MA. 02199

Form W-2	15 State Employer's state ID number MA 043206897	16 State wages, tips, etc. 15977.38
Wage and Tax Statement 2002	17 State income tax 0.00	18 Local wages, tips, etc. 0
Copy B To Be Filed with Employee's FEDERAL Tax Return.	19 Local income tax 0	20 Locality name 0

Form W-2	15 State Employer's state ID number MA 043026897	16 State wages, tips, etc. 15977.38
Wage and Tax Statement 2002	17 State income tax 0.00	18 Local wages, tips, etc. 0
Copy C For EMPLOYER'S RECORDS. THIS FORM IS EQUALLY AS USEFUL AS FORM 1099.	19 Local income tax 0	20 Locality name 0